MARYLAND STATE DEPARTMENT OF HEALTH DC

2411 N. Charles Street, Baltimore

03631

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, — LENGTH OF STAY (in this place): 1 mo. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1,
STREET ADDRESS (If rural give location): 1062- Argyll Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	MAURICE	ALLEN	April	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Single	Aug., 13,1890	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jim Allen
14. MOTHER'S MAIDEN NAME: Lena Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — April, 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar., 9, 1949, to April 17, 1949 that I last saw the deceased alive on April 17, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben H. Braun, M.D.		Henryton, Maryland	4-17-49

23. BURIAL, CREMATION / REMOVAL (Specify) DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried 4/20/49	Mt Auburn Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-49	Albert R. Smallwood	Chas L Cofer Sr	Carrollton

Deputy Local

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03632

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville | LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural give location) Oakland Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace	Elizabeth	Arrington	April	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	Married	Oct. 2, 1895	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U. S. A.

13. FATHER'S NAME: Howard C. Hatfield
14. MOTHER'S MAIDEN NAME: Deborah Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. William Arrington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

174 Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of uterus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1948., to 4/5/, 1949, that I last saw the deceased alive on 4/4/, 1949., and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin — ADDRESS — DATE SIGNED 4/4/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	Apr. 8, 1949	Wesley Chapel	Freedom, Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 6, 1949	C. Harry Wers	C. H. Wers	Sykesville, Md.

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APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03633

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural; LENGTH OF STAY (in this place) 88 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural); STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) M (Last) BANKARD

4. DATE OF DEATH: (Month) Apr (Day) 2 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: July 11-1860

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Bankard

14. MOTHER'S MAIDEN NAME: Charlotte Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT: Mrs Raymond Buckman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 3 da

422.1 / 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gen. Art. Sclerosis

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 3/30/, 1949, to 4/2/, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E Bush M.D. Hampstead Md April 2, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: Apr 5/49

NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: April 4, 1949

REGISTRAR'S SIGNATURE: John L. Hughes Jr.

24. FUNERAL DIRECTOR: Edw A Tipton

ADDRESS: Hampstead Md

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03634

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville
STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) T. D. (Last) BARNES

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-11-1867

9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Dresser

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Frank J. Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 **Immediate cause** (a) Acute cardiac failure

Antecedent cause(s)

920 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chron Endocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1949, to April 29 1949, that I last saw the deceased alive on April 28 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE C. M. VanSoace (Degree or title) | ADDRESS Mt Airy | DATE SIGNED 5/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 5-2-1949 | NAME OF CEMETERY OR CREMATORY: Taylorsville | LOCATION (City, town, or county) (State): Taylorsville Md.

DATE REC'D BY LOCAL REG.: May 2-1949 | REGISTRAR'S SIGNATURE: E. M. Farra

24. FUNERAL DIRECTOR: C, M. Waltz | ADDRESS: Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1949
BUREAU V. S.

Evidence for change of age is on: FILM No. G 120

03635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

MAY -9 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL (Sykesville) — LENGTH OF STAY (In this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural give location): 102 Frederick Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) IRVIN (Last) BROWN

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/6/1893

9. AGE last birthday: ~~56~~ 55 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Brown

14. MOTHER'S MAIDEN NAME: Lucy A. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: moments

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) myocardial degeneration — 3 yrs.

(c) Generalized arteriosclerosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 16 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 19 49 to 4/29, 19 49 that I last saw the deceased alive on 4/8, 19 49 and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: Joseph H. Marshall, (Degree or title) M. D. ADDRESS: Sykesville, Maryland DATE SIGNED: 4/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/2/49 — NAME OF CEMETERY OR CREMATORY: Fairview Park Cemetery — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Apr. 29, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: E. C. Gaither — ADDRESS: Gaithersburg Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03636

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 2mos. 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BFrederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 517- Klinenharts Court ✓

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) HENSON	(Last) CHASE	4. DATE OF DEATH	(Month) April	(Day) 27	(Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan., 18, 1891	9. AGE last birthday 58 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Laytonsville, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Henson Chase	14. MOTHER'S MAIDEN NAME Lizza Washington						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary Tuberculosis	Oct., 1948
Bb Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 16, 1949, to April 27, 1949 that I last saw the deceased alive on April 27, 1949, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	4-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-30-49	NAME OF CEMETERY OR ~~CREMATORY~~ St Lukes	LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REG. 4-27-49	REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local	24. FUNERAL DIRECTOR C. Harry Weer,	ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03637

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 11 y, 11 mo, 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Park Ave., & Monument St.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) CLARKE

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 2/2/1860
9. AGE last birthday 89 yrs. If under 1 year Months 2 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY Private
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Clarke
14. MOTHER'S MAIDEN NAME Elizabeth Coakley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	11 years
	(c)	

331

13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis, senile psychosis, paranoid type 9 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1937, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE M Virginia Beyer (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 4/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Apr. 7-1949
NAME OF CEMETERY OR CREMATORY Baltimore, Md.
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. Apr. 7, 1947
REGISTRAR'S SIGNATURE C Harry Weer
24. FUNERAL DIRECTOR H. W. Mears & Son, 805 N. Calvert St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03638

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Liberty St. Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster - Rural
STREET ADDRESS (If rural, give location) 104 Liberty St. Ext

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) A. (Last) DANNER

4. DATE OF DEATH: (Month) April (Day) 15 – (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Oct 14-1885 — 9. AGE last birthday: 63 Yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Carroll County Md. — 12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Noah Kirbaugh — 14. MOTHER'S MAIDEN NAME: Sarah Slater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If year, give War or dates of service): — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: C. Augustus Danner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 hrs
Antecedent cause(s) 420.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cardio-Vascular Disease	2 yrs
	(c) Arterio Sclerosis	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 23, 1949 to Apr 15, 1949, that I last saw the deceased alive on Apr 14, 1949, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE Chas R Fouty — (Degree or title) MD — ADDRESS Westminster Md — DATE SIGNED 4-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/17/49 — NAME OF CEMETERY OR CREMATORY Stone Chapel Cem. — LOCATION (City, town, or county) Carroll County — (State) Md.

DATE REC'D BY LOCAL REG. 4/16/49 — REGISTRAR'S SIGNATURE H Armacost

24. FUNERAL DIRECTOR C. W. Hartzler & Sons — ADDRESS Union Bridge & New Windsor, Md.

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03639

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — Rural
STREET ADDRESS (If rural, give location): Uniontown Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	EDWARD	DEVILBISS	April	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
male	White	Single	Feb 23 - 1949		1	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Frederick County	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul B Devilbiss	Betty Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Paul B Devilbiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital heart disease	46 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature birth	
	(c)	

774
157

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 23, 1949, to April 10 1949 that I last saw the deceased alive on Apr. 7, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: James T Monroe (Degree or title) MD — ADDRESS: Westminster Md — DATE SIGNED: Apr 11-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/12/49	Pipe Creek Cem.	Uniontown Road

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 11/49	Margaret R. England	C. W. Hartley & Sons	Union Bridge & New Windsor, Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

03640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural – Sykesville
LENGTH OF STAY (in this place) 1 yr., 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 5214 Old Frederick Road ✓

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) SAMUEL (Last) EHRMAN

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/3/21
9. AGE last birthday 28 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Raymond Ehrman
14. MOTHER'S MAIDEN NAME Mae Barnhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
15. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

002

Antecedent cause(s)

B.b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis — 4 mos. Mental deficiency — Life

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1947, to April 22, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph H. Marshall, M.D. ADDRESS Springfield State Hospital DATE SIGNED 4/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr 25-49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Apr. 22, 1949
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Harry H. Witzke ADDRESS 4101 Edmondson ave Balto 29. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03647 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Airy | LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Covers Corner
STREET ADDRESS (If rural, give location) Rural--Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) ORLANDO (Middle) A. (Last) FARVER

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-10-1882

9. AGE last birthday: 66 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Resin A. Farver

14. MOTHER'S MAIDEN NAME: Katherine Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Ella M. Farver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

594 **Immediate cause** (a) Chronic Uremia, due to — 3 mo

Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic - renal disease — 2 yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemiplegia - left — 2 yr

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Stanley Grabill - M.D. | ADDRESS Mt Airy - Md | DATE SIGNED 4/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 4-11-1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Taylorsville | LOCATION (City, town, or county) (State) Taylorsville, Md.

DATE REC'D BY LOCAL REG. 4-11-1949 | REGISTRAR'S SIGNATURE E. M. Farver

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03642

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wakefield Rural LENGTH OF STAY (in this place) Infiltrine	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor	STREET ADDRESS (If rural, give location) Wakefield

3. NAME OF DECEASED (Type or Print) (First) CLINTON (Middle) (Last) FLETCHER JR.

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Male	Colored	Single	1/20/1944	5 yrs.	2	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Carroll County, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton Fletcher	Elsie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Clinton Fletcher Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Laryngo-Trachea Bronchitis

500

Antecedent cause(s)

106C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/49, 1949, to 4/2/, 1949, that I last saw the deceased alive on 4/2/, 1949, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Merritt E. Robertson	M.D.	New Windsor, Md.	4/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/4/49	Western Chapel Cem.	Westminster R.D. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 4/49	Ernest S Bundel	W. D. Hartzler & Sons	Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03643

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 12-11-38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS ? (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) F. (Last) Ford

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 3-21-1881

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Ford

14. MOTHER'S MAIDEN NAME: Jeanette Zittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service): -----

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	unknown
	(c) General Paresis	more than 11 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) ----- (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 3.03 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D.

ADDRESS Sykesville, Md.

DATE SIGNED 4-23-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE April 26 1949

NAME OF CEMETERY OR CREMATORY Boonsboro,

LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REG. April 29, 1949

REGISTRAR'S SIGNATURE Henry Hess

24. FUNERAL DIRECTOR Wm. F. Bast Son Boonsboro, Md.

ADDRESS

RECEIVED
APR 28 1949
BUREAU V. S.

Evidence for change in #18-part 2 shown on: FILM No. G 12 MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03644

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville
STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) G. (Last) FRANKLIN

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1-7-1878 | 9. AGE last birthday: 71 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Nathan G. Franklin | 14. MOTHER'S MAIDEN NAME: Sarah Shuey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Julia A. Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Cardiac Failure due to

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio vascular disease

(c) Ca Carcinoma - prostate.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1949, to 4/30, 1949, that I last saw the deceased alive on 4/28, 1949, and that death occurred at 4 10 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

M. E. Robertson | M.D. | New Windsor, Md. | 4/30/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 5-3-1949 | NAME OF CEMETERY OR CREMATORY Taylorsville | LOCATION (City, town, or county) (State) Taylorsville, Md.

DATE REC'D BY LOCAL REG. 5-2-'49 | REGISTRAR'S SIGNATURE E. M. Farver | 24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.

VS. A15

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03645

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (In this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location): York

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) B (Last) Frock

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1949.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 20, 1884

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Curtis Baker

14. MOTHER'S MAIDEN NAME: Louise E. Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: William J. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 hours

830 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ April 3rd, 1949., to ———, 1949., that I last saw the deceased alive on April 3rd., 1949., and that death occurred at 12:29 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Benner M.D. ADDRESS Taneytown, Maryland DATE SIGNED April 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 6, 49. — NAME OF CEMETERY OR CREMATORY: Reformed — LOCATION (City, town, or county) (State): Taneytown -Carroll- Md

DATE REC'D BY LOCAL REG.: April 6/1949 — REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O. FUSS & SON — ADDRESS: Taneytown, Md.

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03646

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — MARYLAND — LENGTH OF STAY (in this place) 4 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) (Last) GREEN

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 12/22/1892 — 9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Frederick County, Md — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward Eyler — 14. MOTHER'S MAIDEN NAME: Mary Winterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. — (If year, give war or dates of service) No. — 16. SOCIAL SECURITY No. 218-10-7185 — 17. INFORMANT: Mabel F. Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) M D — ADDRESS Union Bridge — DATE SIGNED 4-9-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/11/49 — NAME OF CEMETERY OR CREMATORY Mt. View Cemetery — LOCATION (City, town, or county) Union Bridge, Md. (State)

DATE REC'D BY LOCAL REG. April 9 1949 — REGISTRAR'S SIGNATURE Julia L. Repp

24. FUNERAL DIRECTOR D. D. Hartzler & Sons — ADDRESS Union Bridge & Myersville, Md

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03647

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Westminster — LENGTH OF STAY (In this place) 35 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--- Gypsy Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) R.D. Westminster

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) L.	(Last) HAINES	4. DATE OF DEATH	(Month) April (Day) 30, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-7-1868	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Elhannan Haines	14. MOTHER'S MAIDEN NAME Edith Kelley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Mrs. Fannie B. Haines			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
154 Immediate cause	(a) Carcinomas of rectum	3 yrs -
Antecedent cause(s)		
46 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Apr 30, 1949, that I last saw the deceased alive on Apr 30, 1949, and that death occurred at 11.52 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jennett Md. ADDRESS Westminster Md. DATE SIGNED 5-1-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 5-4-1949	NAME OF CEMETERY OR CREMATORY Sams Creek Brethren	LOCATION (City, town, or county) (State) Carroll Co, Md.
DATE REC'D BY LOCAL REG. 5-3-49	REGISTRAR'S SIGNATURE E M Farver	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

03648

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 2 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 30; STREET ADDRESS (If rural give location) 1360 Cleveland St., ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) HAWKINS

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb., 17, 1909

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington , D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaiah Hawkins

14. MOTHER'S MAIDEN NAME: Rebecca Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-8375

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Oct., 1948.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 11 19 49 to April 11, 19 49 that I last saw the deceased alive on April 11, 19 49, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Reuben Hoffman, M.D. Henryton, Md. 4-11-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE 4/15/49 | NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4-11-49 | REGISTRAR'S SIGNATURE Albert R. [illegible] Deputy Local | 24. FUNERAL DIRECTOR Chas. H. Carper | ADDRESS 512 Parkwell Ave Balto. Md.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26 — 03649

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): The Chadford Apts.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Cecelia (Last) Heighe

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Michael T. Delea

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 **Immediate cause** (a) Lobar pheumonia — Interval Between Onset and Death: 1 wk.

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Stenosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1948, to April 20, 1949, that I last saw the deceased alive on April 20, 1949, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE: M. F. Martin M.D. (Degree or title)

ADDRESS: Springfield State Hospital, Sykesville, Maryland

DATE SIGNED: 4/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 4/23/49 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county) (State): City

DATE REC'D BY LOCAL REG.: 4/21/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WIEDEFELD & SON — ADDRESS: GREENMOUNT AVE & 22ND STREET.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

pc 03650

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 912 Little Pine St., ✓

3. NAME OF DECEASED (Type or Print): (First) ROGERS (Middle) (Last) HENRY

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 19 49

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: ? | 9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Greensboro, N. Carolina | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Henry | 14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: Lost | 17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — 1940

Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 19 49 to April 15 19 49, that I last saw the deceased alive on April 15, 19 49, and that death occurred at 3:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben Hoffman, M.D. — Henryton, Md. — 4-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/21/49 | NAME OF CEMETERY OR CREMATORY Mt. Auburn | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4-15-49 | REGISTRAR'S SIGNATURE Albert R. Frankhauser Deputy Local | 24. FUNERAL DIRECTOR ADDRESS W. A. Jackson - 916 Penna. Ave Baltimore 1, Md.

VS. A15

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BV 03651

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (In this place) 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Tuberculosis Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 30,; STREET ADDRESS (If rural give location) 648 Lee Street ✓

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) (Last) HODGE

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 5, 1925

9. AGE last birthday: 23 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshroeman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Manning, So. Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alonza Hodge

14. MOTHER'S MAIDEN NAME: Maggie Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 248-32-6088

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	Sept.
Antecedent cause(s)		1948
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1948, to April 9, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 7:05 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton, Maryland DATE SIGNED 4/9/49

23. BURIAL, ~~CREMATION~~ / ~~REMOVAL~~ (Specify) Burial DATE 4-13-49 NAME OF CEMETERY OR CREMATORY Mt. Auburn LOCATION (City, town, or county) Balt. (State) Md.

DATE REC'D BY LOCAL REG. 4/9/49 REGISTRAR'S SIGNATURE Albert R. Simmons Deputy Local

24. FUNERAL DIRECTOR James A. Taylor ADDRESS 142 W. Pico St. Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03652

Reg. Dist. No. 7a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH · COUNTY: CARROLL · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL GAMBER · LENGTH OF STAY (in this place): LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL GAMBER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SYKESVILLE ROUTE 1	STREET ADDRESS (If rural, give location): SYKESVILLE ROUTE 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ADA	CATHERINE	HOFF	APRIL	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	SEPT. 12, 1878	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	—	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL ARNOLD	CAROLINE SAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	FRANCIS M. HOFF

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular disease myocardial

260 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61 (b) diabetes mellitus

(c) senile changes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 1948, 19..., to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Lawson	M.D.	Sykesville, Md.	4/9/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	APR. 11, 1949	PROVIDENCE CEMETERY	GAMBER	MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/49	[signature]	J. FRANCIS REESE	WESTMINSTER, MD.

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03653

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Municipal Parking Lot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 34 W. Green St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RAYMOND JACKSON HUNTER

4. DATE OF DEATH (Month) (Day) (Year) April 30 1949

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH July 21 1898

9. AGE last birthday 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick-layer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Westminster, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William F. Hunter

14. MOTHER'S MAIDEN NAME Alverta Koller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-3097

17. INFORMANT E. Scott Hunter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bullet wound in head — INTERVAL BETWEEN ONSET AND DEATH —

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably alcoholism — Some years

164C (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Parking lot (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4-30-49 est. m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Shot self in head

22. I hereby certify that I attended the deceased from no recent attendance, 19....., to ....., 19....., that I last saw the deceased alive on several weeks ago, 19....., and that death occurred at uncertain m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Billingsley, M.D. - Acting Dep. Med. Ex. ADDRESS Westminster, Md. DATE SIGNED 5-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 4. 1949 NAME OF CEMETERY ~~OR CREMATORY~~ Westminster Cem. LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 1/3/49 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. E. Myers, Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 6 1949
BUREAU V. S.

ITEM 8: INFORMANT'S statement (missing inf.form) filmed G120 5-6-49 LL

03654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton, LENGTH OF STAY (in this place) 2mos.12days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore -30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 136-W. Hamburg Street

3. NAME OF DECEASED (Type or Print)	(First) Ada	(Middle) Loretta	(Last) Jerow	4. DATE OF DEATH	(Month) April	(Day) 30,	(Year) 1949
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 31, 1928	9. AGE last birthday 20 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sunipter, S. Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Ellison Jackson	14. MOTHER'S MAIDEN NAME Pauline Jerow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. –	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Oct., 1948
002 Antecedent cause(s)		
13x Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1949, to Apr. 30, 1949, that I last saw the deceased alive on Apr. 30, 1949, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	4-30-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/3/49	Summerton	S. C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-30-49	Albert R. Swanbham	J. L. Brown & Son 108W Montgomery St	

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1949
BUREAU V. S.

03655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 10 mos. 9days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) HENRY	(Last) JOHNSON	4. DATE OF DEATH	(Month) April	(Day) 2	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 22, 1911	9. AGE last birthday 37 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Redgate, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME John H Johnson	14. MOTHER'S MAIDEN NAME Hannah Barnes						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 213-24-3090	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Oct., 1947

002
13 b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 24, 1948, to April 2, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Maryland	4-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/4/49	NAME OF CEMETERY OR CREMATORY Our Lady's	LOCATION (City, town, or county) Medley, Neck	(State) Md.
DATE REC'D BY LOCAL REG. 4-2-49	REGISTRAR'S SIGNATURE Albert R. Swanbham	24. FUNERAL DIRECTOR W. C. Mattingley, Sons	ADDRESS Leltn Md.	

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

EVIDENCE FOR ADDITION OF RESIDENCE IS ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03656

FORM No. G 119 APR 13 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 2-25-32	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural give location): 313 S. Gilmore St.

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) F.	(Last) Jordan	4. DATE OF DEATH	(Month) April (Day) 2 (Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 1890	9. AGE last birthday: 58 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plumber	10b. KIND OF BUSINESS OR INDUSTRY: ----	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John T. Jordan	14. MOTHER'S MAIDEN NAME: Etta L. Whittaker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: ? NONE	17. INFORMANT: Records of Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	14 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	paranoid schizophrenia	17 years

422.2

93d

19a. DATE OF OPERATION: ----	19b. MAJOR FINDINGS OF OPERATION: ----	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): ----	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----	(CITY OR TOWN) ---- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from ~~April 2 1949~~ Sept. 1, 1947, to April 2, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 8,55 am., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS — DATE SIGNED

Martin Gross, M.D. — Sykesville, Md. — April 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 6. 1949	NAME OF CEMETERY OR CREMATORY: Loudon Park	LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: 4-4-49	REGISTRAR'S SIGNATURE: L	24. FUNERAL DIRECTOR: Roth & B.M. Walters	ADDRESS: Portland Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03657

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY CARROLL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL (SYKESVILLE) — LENGTH OF STAY (in this place) 1 Mo; 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) AMELIA (Last) KNODE

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH: 4/13/1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Knode

14. MOTHER'S MAIDEN NAME: Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral vascular accident — 1 hour

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — more than 5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1949, to 4-28, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Thos Kamm M.D. (Degree or title) — ADDRESS Sykesville Md. — DATE SIGNED 4-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4-30-49 — NAME OF CEMETERY OR CREMATORY Boonsboro — LOCATION (City, town, or county) (State) Boonsboro, Md.

DATE REC'D BY LOCAL REG. April 28, 1949 — REGISTRAR'S SIGNATURE C. Harry Weis — 24. FUNERAL DIRECTOR ADDRESS Wm H. Bast & Son, Boonsboro, Md.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03658

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
County: Carroll
City or town: Rural - Taneytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: Taneytown R.D.1
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Carroll
City or town: Rural Taneytown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Taneytown R.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Herbert Koontz

3.(b) Social Security Number 180-03-2097

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Esther (Desroft) Koontz
6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Jan. 22 - 1909

8. AGE:

Years	Months	Days	If less than one day
40	3	1	..... hrs. ..... min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)
10. Usual occupation: Shoe Worker + Farmer
11. Industry or business: Shoe Factory + Farm.
12. FATHER — Name: Herbert N. Koontz
13. FATHER — Birthplace: Carroll Co. Md.
14. MOTHER — Maiden name: Grace Bogleroad
15. MOTHER — Birthplace: Carroll Co. Md.
16. Informant: Mrs. John Koontz
Address: Taneytown, Md. R.D.1
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/26/49 (month) (day) (year)
Cemetery or crematory: Baust Church Cem.
Location: Near Taneytown, Md.
18. Funeral director: T.M. Little & Son
Address: Littlestown, PA - By R.H. Little
19. April 24, 1949 (Date rec'd by registrar) Ethel M. Mehring Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1949, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 1949, to April 23 1949 and that I last saw h... alive on April 22 1949

Immediate cause of death	DURATION
Carcinoma of Stomach	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Stomach
Date of op. Dec. 9, 1949
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. L. Potter M.D. (M. D. or other)
Address: Littlestown, Pa. Date signed 4-23-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS/A15 9-45-15

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03659

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton; LENGTH OF STAY (In this place): 5mos. 29days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cherry Hill; STREET ADDRESS (If rural give location): Shellbanks Road ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IDA	MAE	LANE	April	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	March 22, 1929	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disher washer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Freddie Lane

14. MOTHER'S MAIDEN NAME: Lucy Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-26-5439

17. INFORMANT: Mrs. Lucy Lane (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	July, 1948
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1948 to April 26 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reuben H. Forman, M.D.	Henryton, Md.	4-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/1949	Mt Auburn	Balto

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-26-49	Albert R. Swanborough Local Deputy	Wm Peter R. Wallace	3224 W. Lafayette Ave

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03660

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) since 8-3-45
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 408 Courtland St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Albert	----	Linzey		4	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	6-30-1880	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm work	----	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		?	Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis and Myocardial Degeneration	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ----	
	(c) ----	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Deficiency	88 yrs?

422.2
932

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	----	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
----			m.		----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 10.20 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 4-17-49

Martin Gross, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	4-22-49	Springfield Hospital	Sykesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-22-49	C. Harry Weer	C. H. Weer	Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03661

CERTIFICATE OF DEATH

Reg. Dist. No. 54

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (In this place) 3 yrs., 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3302 Richmond Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) MacKenzie
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1949

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12/25/79
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Busick
14. MOTHER'S MAIDEN NAME: Minette Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	3 1/2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertensive cardiovascular disease	25 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Syphilis with cerebral arteriosclerosis	25 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to April 16, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE: Joseph W. Marshall (Degree or title) M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 4/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/18/49
NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4/18/49
REGISTRAR'S SIGNATURE: C. W. Hopkins
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

03662

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL SYKESVILLE
LENGTH OF STAY (in this place): 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL SYKESVILLE, MD. R.D.#1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELSIE	MELVILLE	APRIL	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOW	DEC. 14, 1863	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. HORNER
14. MOTHER'S MAIDEN NAME: ADELAIDE WICKERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: THOMAS W. MELVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Cardio Vascular Disease

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st., 1949, to Apr. 21, 1949, that I last saw the deceased alive on Apr. 21, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 4-22-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	APR. 25. 1949	DRUID RIDGE CEM.	PIKESVILLE	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 22, 1949	C. Harry Weer	J. FRANCIS REESE	WESTMINSTER, MD.

RECEIVED
APR 25 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03663

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	L.	Miner	April	1,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 10, 1896	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Gladys Kern

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aortic insufficiency (Luetic)	(?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause last	(b) Aneurysm — Aorta	
	(c)	

022
302

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. /

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/	/	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-1-30, to 4-1-49, that I last saw the deceased alive on 3-30, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) ADDRESS Reisterstown, Md. DATE SIGNED 4-2-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 3, 1949	Reisterstown Methodist	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/5/49	L. Woodward	J.F. Cline Sons	Reisterstown, Md.

RECEIVED
APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03664

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: CARROLL · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville (Rural) | LENGTH OF STAY (in this place): 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 247 Washington Street ✓

3. NAME OF DECEASED (Type or Print): (First) MARY LOUISE (Middle) (Last) MOBERLY
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	10/21/16	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): typing and housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. S. Moberly
14. MOTHER'S MAIDEN NAME: May Pearl Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Active Pulmonary Tuberculosis — over a year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — more than 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/24, 19 48, to 4/28, 19 49, that I last saw the deceased alive on 4/28, 19 49 and that death occurred at 4:35 P m., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. (Degree or title) ADDRESS: Sykesville, Maryland DATE SIGNED: 4/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	4-30-49	Mt Olivet	Frederick, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 29, 1949	C. Harry Weed	M. R. Eatchison & Son	Frederick, Md.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03665

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 Court Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 34 Court Place

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) GRANT (Last) MYERS

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 12 1869

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brizlesburg Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Myers

14. MOTHER'S MAIDEN NAME: Ellen Copperasmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jesse D. Myers, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) cerebral Hemorrhage — Interval Between Onset and Death: 6 weeks

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1949, to Apr 6, 1949, that I last saw the deceased alive on Apr 6, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R. Fouts M.D. Westminster Md 4-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: April 9 49

NAME OF CEMETERY OR CREMATORY: Meadow Branch Cem.

LOCATION (City, town, or county) (State): Westminster Md. R.D. Md

DATE REC'D BY LOCAL REG. 4/7/49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster Md.

VS. A15

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APR 9 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03666

Reg. Dist. No. 11

1. PLACE OF DEATH: COUNTY Carroll — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 229 E. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Balto.~~ Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Greenco~~ Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Vernon	Noel	April	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Aug. 17. 1906	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Walter Noel
14. MOTHER'S MAIDEN NAME: Mary E. Grenadier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-10-3828
17. INFORMANT: Martin W. Noel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilatation	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	6 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr. 24, 1949, to Apr. 24, 1949, that I last saw the deceased alive on Apr. 24, 1949, and that death occurred at 2:21 a m., from the causes and on the date stated above.

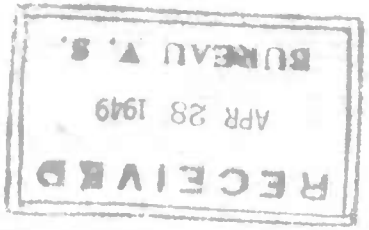
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. R Fouty	M.D.	Westminster Md	Apr 25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 27, 1949	St. John's Catholic Cem.	Westminster	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/26/49		J. Francis Reese	Westminster, Md.

See letter from Dr. Stone to Dr. Halliday (in C.D. file) Patient lived in Glenco for two weeks, and then returned to Westminster. Was not known to have tuberculosis until examined in Chest Clinic in Westminster.

6-8-49 ams.



MARYLAND STATE DEPARTMENT OF HEALTH

03667

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellis (Middle) G (Last) Ohler

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 8, 1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: bread route

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Milton Ohler

14. MOTHER'S MAIDEN NAME: Sarah Cluts Ohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.

17. INFORMANT: Lydia Baker Ohler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Gangrene rt leg — 3 mos

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to April 20, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H Eggman D — ADDRESS Union Bridge — DATE SIGNED 4-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr 23, 1949 — NAME OF CEMETERY OR CREMATORY: Lutheran — LOCATION (City, town, or county) (State): Taneytown Md.

DATE REC'D BY LOCAL REG.: April 22, 1949 — REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O.FUSS & SON — ADDRESS: Taneytown, Md.

RECEIVED
APR 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03668

Reg. Dist. No. 1C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Hersh Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 9 Hersh Ave.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) - (Last) Reese

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 19 49

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10-13-1858

9. AGE last birthday: 90-6-9 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Reese

14. MOTHER'S MAIDEN NAME: Caroline Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Arthur P. Reese

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Organic Heart Disease

434 3 Antecedent cause(s)

95 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Age

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st 1949, to April 22 1949, that I last saw the deceased alive on April 22 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE John J. Stewart (Degree or title) ADDRESS 166 Pennsylvania Ave Westminster Md. DATE SIGNED 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 25: 1949 | NAME OF CEMETERY OR CREMATORY: Prospect Cemetery | LOCATION (City, town, or county) (State): Westminster R.D. Md.

DATE REC'D BY LOCAL REG. 4/25/49 | REGISTRAR'S SIGNATURE L L Crawford | 24. FUNERAL DIRECTOR: H Bankard & Son | ADDRESS: Westminster Md.

RECEIVED
APR 24 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03669

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 2/1/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural give location): ---

3. NAME OF DECEASED (Type or Print): (First) Ervin (Middle) Hess (Last) RIDINGER

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2/9/1905

9. AGE last birthday: 44 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe repairing, foundry work

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: Abraham Ridinger

14. MOTHER'S MAIDEN NAME: Lovie Ann Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
744.1 Immediate cause	(a) Chronic myocarditis and myocardial degeneration.	11 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Pseudo-hypertrophic muscular dystrophy.	11 yrs.
	(c) --- 152	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, catatonic type. — 28 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN): ---
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: ---

22. I hereby certify that I attended the deceased from April 22, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D.
ADDRESS: Sykesville, Maryland
DATE SIGNED: 4/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 29 1949
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Harney, Maryland

DATE REC'D BY LOCAL REG.: Apr. 27, 1949
REGISTRAR'S SIGNATURE: Harry Keen

24. FUNERAL DIRECTOR: C. O. Fuss & Son
ADDRESS: Taneytown, Md.

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03670

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, — LENGTH OF STAY (in this place) 6mos. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -9
STREET ADDRESS (If rural give location) 4664 Falls Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CATHERINE	BESSIE	ROBINSON	April	29	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Colored	Married	Sept., 30, 1926	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lamech Frey
14. MOTHER'S MAIDEN NAME: Viola Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 13b

Immediate cause (a) Pulmonary Tuberculosis — May, 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 30 19 48, to April 29, 19 49 that I last saw the deceased alive on April 29, 19 49 and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben W. Swan, M. D. — Henryton, Md. — 4-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-49	White Rock Cemetery	Carroll, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-29-49	Albert C. Trenthouse	C. Harry Wood	Sykesville Md.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
MAY 3 1949
BUREAU V. S.

03671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 6/5/48	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural give location): --- (Cahwood Rd.)

3. NAME OF DECEASED (Type or Print)	(First) Breckenridge	(Middle) Cabell	(Last) RUST	4. DATE OF DEATH	(Month) April	(Day) 13	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: July 12, 1890	9. AGE last birthday: 58 yrs.	If under 1 year: Months — Days —	If under 24 hrs.: Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale paper salesman	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (State or foreign country): Luray, Virginia	12. CITIZEN OF WHAT COUNTRY? United States				
13. FATHER'S NAME: Breckenridge C. Rust	14. MOTHER'S MAIDEN NAME: Cornelia Borst						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unkn. (If year, give war or dates of service): unkn.	16. SOCIAL SECURITY NO.: unkn.	17. INFORMANT: Records - Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	7 hrs.
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	more than one year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — about 1 yr.

19a. DATE OF OPERATION: ---	19b. MAJOR FINDINGS OF OPERATION: ---	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 24, 1948, to April 13, 1949, that I last saw the deceased alive on April 13 1949, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M. D. (Degree or title) — Martin Gross, M. D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 4/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE: 4/16/48	NAME OF CEMETERY OR CREMATORY: Greenmt.	LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: Apr. 14, 1949	REGISTRAR'S SIGNATURE: C. Harry Weed	24. FUNERAL DIRECTOR: Stewart Mosser Co.	ADDRESS: Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03672

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER — LENGTH OF STAY (in this place): 30 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 144 E. MAIN ST.	STREET ADDRESS (If rural, give location): 144 E. MAIN ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	CHARLES	SEITZ	APR.	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JAN. 23, 1875	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SCHOOL TEACHER	PUBLIC SCHOOLS	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD K. SEITZ	MIRANDA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	NONE	MRS. E.C. SEITZ

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary artery disease — Interval between onset and death: Minutes

940a **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh, Deputy Medical Examiner	Westminster Md	Apr 11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	APR. 12. 1949	WESTMINSTER CEM.	WESTMINSTER	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/11/49	H. Clarence Smith	J. FRANCIS REESE	WESTMINSTER, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

M

03673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 2 mos. 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecelton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) ERNEST	(Middle) ALBERT	(Last) SEWELL	4. DATE OF DEATH	(Month) April	(Day) 5	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 8,1928	9. AGE last birthday 20 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cecilton, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Arthur Bailey		14. MOTHER'S MAIDEN NAME Viola Sewell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give wer or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Dece. 1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest	(b)	
	(c)	

002

13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949 and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Realen Hoffman, M.D.		Henryton, Md.	4-5-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial	DATE April 9 1949	NAME OF CEMETERY OR CREMATORY Cecilton	LOCATION (City, town, or county) (State) Cecilton Md.
DATE REC'D BY LOCAL REG. 4-5-49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Edward Fellows	ADDRESS Millington Md.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03674

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) Elizabeth (Last) Simpers

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Manchester Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Benwaye

14. MOTHER'S MAIDEN NAME: Effie Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Faye F. Simpers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: about 6 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

002
135

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1943 to Apr. 14, 1949, that I last saw the deceased alive on Apr 9, 1949, and that death occurred at 9:15 P m. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph E Bush MD Hampstead Md Apr. 14/1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-17-49 — NAME OF CEMETERY OR CREMATORY: Lutheran — LOCATION (City, town, or county) (State): Manchester Carroll Md.

DATE REC'D BY LOCAL REG. Apr. 16/49 — REGISTRAR'S SIGNATURE: Mrs. W. R. S. Denver

24. FUNERAL DIRECTOR — ADDRESS: Jacob Winks Sons Manchester Md

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03675

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (in this place) 3½ mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillcrest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) May (Last) Shrit

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 8, 1880

9. AGE last birthday: 68 yrs.; If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob H. Hummel

14. MOTHER'S MAIDEN NAME: Susan Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: George C. Shrit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
172 Immediate cause	(a) Generalized Carcinomatosis	3 mo.
482 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Carcinoma body & cervix	?
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 20: 1948

19b. MAJOR FINDINGS OF OPERATION: Biopsy - Primary Carcinoma uterus.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURRED While at Work ☐ Not While at work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 18, 1948, to Apr 23, 1949, that I last saw the deceased alive on Apr 19, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Loyd E Buck M.D. ADDRESS Hampstead Md DATE SIGNED Apr. 23, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE Apr 25/49; NAME OF CEMETERY OR CREMATORY Manchester; LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REG. April 25, 1949; REGISTRAR'S SIGNATURE John S. Hughes Jr

24. FUNERAL DIRECTOR Eder & Tipton - ADDRESS Hampstead Md

VS. A15

RECEIVED
APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03676

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) since 1-9-47; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 924 Sligo Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Patrick (Last) Welsh

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 3-17-73

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Mongomery Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Patrick Welsh

14. MOTHER'S MAIDEN NAME: Honora Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	more than 2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	" " "
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	more than 2 years

422.1
938

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----; (CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 9, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 2.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 4-9-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE April 9-1949; NAME OF CEMETERY OR CREMATORY Silver Spring Md.; LOCATION (City, town, or county) (State) Silver Spring Md.

DATE REC'D BY LOCAL REG. Apr. 9, 1949; REGISTRAR'S SIGNATURE Catharine Keen

24. FUNERAL DIRECTOR Warren E. Pumphrey, Inc. ADDRESS 8434 Ga. Ave Silver Spring, Md.

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03677

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) since 10-16-48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 7 W. Franklin Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Olin	Dorsey	Williams	4	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	single	3-19-1897	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stenographer	---	Frederick, Md.	U.S.A.

13. FATHER'S NAME: John Claude Williams
14. MOTHER'S MAIDEN NAME: Clara Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown	?	records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Syphilitic meningo-encephalitis	about 6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with syphilitic meningo-encephalitis	about 6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	----	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---- m.		----

22. I hereby certify that I attended the deceased from March 25, 1949, to April 16, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 1.45 a m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 4-16-49

Martin Gross, M.D.

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	4-22-49	Springfield Hospital	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-22-49	C. Harry Eller	C. H. Weer	Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03678

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 12/19/36
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 827 Columbia Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Vincent (Last) YARNALL

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5/26/1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days — — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad machinist

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Peter Yarnall

14. MOTHER'S MAIDEN NAME: Mary Grannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If year, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: 705-12-0881

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	3 months
422.2 Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ---	
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 13 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE --- (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - --

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 19 47, to April 19, 19 49, that I last saw the deceased alive on April 19, 19 49, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 4/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 22'49 — NAME OF CEMETERY OR CREMATORY: St Mary's Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 21, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR — ADDRESS: Louis Stein Inc. Cumberland, Md.

RECEIVED
APR 25 1949
BUREAU-V. S.

03679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) CARROLL (Middle) E (Last) YINGLING

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 19-1892
9. AGE last birthday 56 yrs. If under 1 year: Months 3, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burner
10b. KIND OF BUSINESS OR INDUSTRY Cement Plant
11. BIRTHPLACE (State or foreign country) Carroll County Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Edmund Yingling
14. MOTHER'S MAIDEN NAME Ida E. Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY No. 213-03-1098
17. INFORMANT Mrs. Mary E. Yingling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

431

93a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1949, to Apr 9, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg MD
ADDRESS Union Bridge
DATE SIGNED 4-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/12/49
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Uniontown, Md (State)

DATE REC'D BY LOCAL REG. April 11, 1949
REGISTRAR'S SIGNATURE Leslie L. Repp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons
ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.